### ATTORNEY DOCKET NO:

# COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

including the claims, as amended by any amendment referred to above.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL DECISION SUPPORT SYSTEM AND METHOD, the specification of which

80	is attached hereto.	as Application Serial No.
П	and was amended on was described and cla	aimed in PCT International Application Noand as amended under PCT Article 19 on
i hereby si	tate that I have review	ed and understand the contents of the above-identified specification,

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37. Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filling date before that of the application(s) of which priority is claimed:

Country Ser		Serial Number	Filing Date	Priority Claimed?	
	Israel	138123	28 August 2000	Yes/Mo Yes	ı

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under Title 35, United States Code, § 119(e) and § 120 of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations.

## COMBINED DECLARATION AND POWER OF ATTORNEY

§ 1.58 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patient and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,152, Køren L Elbing, Ph.D. Reg. No. 35,238, Kristina Blaker-Brady, Ph.D. Reg. No. 39,109, Susan M. Michaud, Ph.D. Reg. No. 42,885, James D. DeCamp, Ph.D., Reg. No. 43,580, Sean J. Edman, Reg. No. 42,506, Timothy J. Douros, Reg. No. 41,716.

Address all telephone calls to:

at 617/428-0200.

Address all correspondence to: Boston, MA 02110. Customer No: 21559 at Clark & Elbing LLP, 176 Federal Street.

I hareby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that thisse statements were made with the knowledge that willful false statements and the life properties are purchashed by fine or imprisonment, or both, under Section 1001 of Title 16 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
LEVIN, Moshe	Tel Aviv, Israel	12 Rekanati Street Tel Aviv, Israel	Israeli
Signature:	1.51		Date:2/8/01

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
HAGLER, Joseph	Tel Aviv, Israel	6 Finshtein Street Tel Aviv, Israel	Israeli
Signature:	Date:		

#### COMBINED DECLARATION AND POWER OF ATTORNEY

§ 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application:

Serial Number	Filing Date	Status

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162, Keren L. Elbing, Ph.D. Reg. No. 35,238, Kristina Bieker-Brady, Ph.D. Reg. No. 39,109, Susan M. Michaud, Ph.D. Reg. No. 42,885, James D. DeCamp, Ph.D., Reg. No. 43,580, Sean J. Edman, Reg. No. 42,50i; Timothy J. Douros, Reg. No. 41,716.

Address all telephone calls to:

at 617/428-0200.

Address all correspondence to: Boston, MA 02110. Customer No: 21559 at Clark & Elbing LLP, 176 Federal Street,

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
LEVIN, Moshe	Tel Aviv, Israel	12 Rekanati Street Tel Aviv, Israel	Israeli
Signature:	Date:		

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
HAGLER, Joseph	Tel Aviv, Israel	6 Finshtein Street Tel Aviv, Israel	Israeli
Signature:	<i>f</i>		Date: 2 Aug. 2011

### COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name	Residence Address	Post Office Address	Citizenship
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	
KONFORTI, Iris	Tel Aviv, Israel	11 Komemiut Street	Israeli
ROM ORTI, IIIS	Territi, israel	Tel Aviv, Israel	1514611
		1 ci Aviv, israci	
Signature:	~~0		Date: 31 Jul 2001
Full Name	Residence Address	Post Office Address	Citizenship
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	
	<u> </u>		
Signature:			Date:
Full Name	Residence Address	Post Office Address	Citizenship
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	
	`	<b>\</b>	
	L	, <u> </u>	Date:
Signature:			Date.
Full Name	Residence Address	Post Office Address	Citizenship
(First, Middle, Last)	(City, State, Country)	(Street, City, State, Country)	
· · · · · · · · · · · · · · · · · · ·	1		
		1	
i			

Signature: